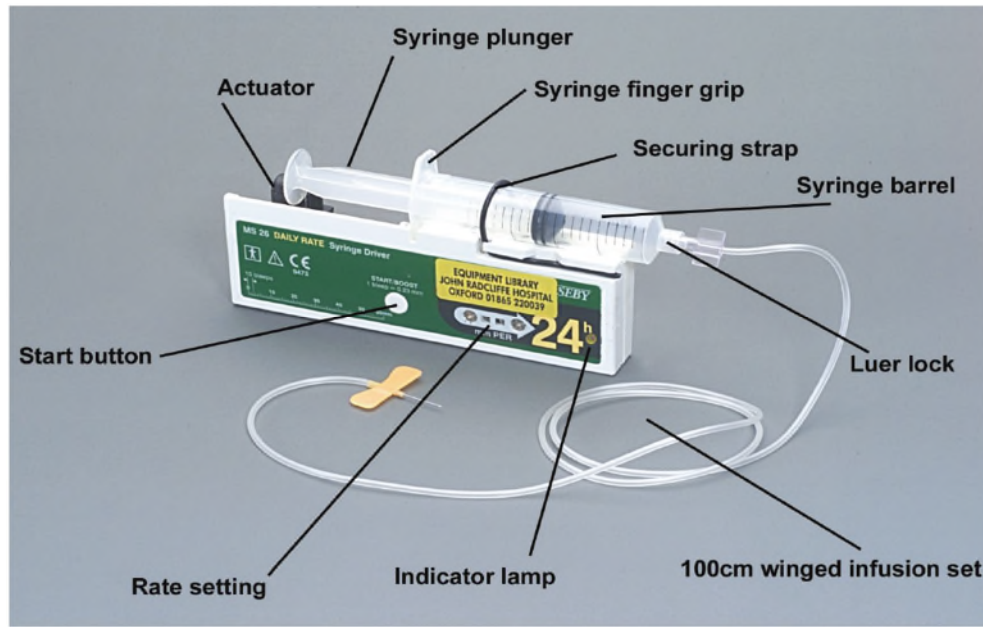


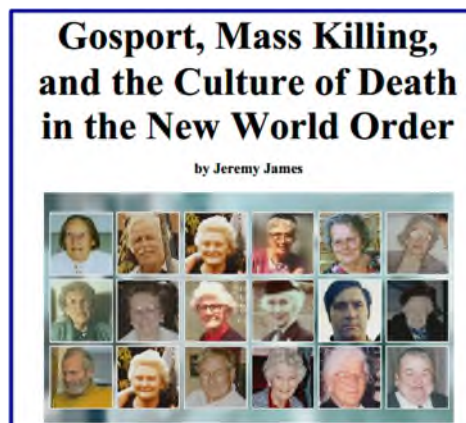
Beware of a Little-known Mass Killing Device

by Jeremy James



The medical device shown above is known as a syringe driver. A protocol for its use in palliative care in the UK, prepared by health care professionals in the Oxford Radcliffe NHS Trust, described it as follows:

“The syringe driver in palliative care is a small, portable, battery powered infusion device that is suitable for patient use in the hospital and at home. The syringe driver is used to administer a continuous subcutaneous infusion of drugs from a syringe e.g. analgesics, antiemetics, sedatives or anticholinergics. The syringe is drawn up with a single drug or combination of drugs and administered at a constant rate over a set period of time (usually 24 hours).”



We discussed this peculiar device in an earlier paper: **Gosport, Mass Killing, and the Culture of Death in the New World Order** (#167, July, 2018).

For anyone who has difficulty accepting that a “culture of death” pervades the philosophy of those who are bringing in a new world order, we strongly suggest that they go back and read the Gosport paper. It sets out a detailed account, based on verifiable published sources, of a horrifying series of murders (“unlawful killings” to use the official euphemism) which took place at Gosport War Memorial Hospital in the UK over a twelve year period, 1989-2000. The official report published in 2018 – which effectively stymied any realistic prospect of prosecuting the individuals responsible – put the death toll at 650. However, if a fair assessment is made of the many unusual deaths which were excluded from the official tally due to unlawful gaps in patient records, the true death toll was probably closer to 850.



The Gosport murders prefigure the Covid mass killings

The report published in 2018 should have made headlines across the UK and around the world, but it failed to receive any serious attention in the media. Even the few outlets which did address it were painfully unable to characterize it correctly or to convey the sheer magnitude of the crime committed by a dedicated team of medical professionals. The facts reveal that a small number of staff at the hospital, working in concert, had intentionally killed patients in their care, week after week, for over a decade. They despatched an average of one victim every five days. Virtually every one of these unfortunate victims was expected to spend only a few weeks in hospital. None had been admitted for palliative care, and ‘end-of-life’ treatment was not indicated. They had simply been selected for execution by this scheming band of sociopaths.

As awful as this crime was, it pointed to something which in many ways was even more horrendous. The medical establishment, the police, the politicians, and senior civil servants closed ranks and blocked every attempt to bring the culprits to justice. To this day not one person has been charged for their involvement in these murders.

Stealth euthanasia

This shows how the power network which secretly controls the UK is able to protect its own. The Gosport murders bear all the hallmarks of a stealth euthanasia program. In our earlier paper we described its purpose as follows:

The exercise was conducted in a blatant, even crude way, as if to test the length to which the public would go to resist involuntary euthanasia – 'We killed more than 600 people – what are you going to do about it?' The subsequent ineffectual efforts by relatives to get past the countless barriers placed in their path was proof that the individual is largely powerless when opposed in this way by the state. The many investigations and reports, all of which came to nothing, were merely a way of conditioning the public to accept the inevitability of euthanasia.

Those who have studied the methods used by the architects of the New World Order call this 'programmed helplessness'. It's a way of getting the masses to believe that 'resistance is futile'.

When we examine the Covid-19 deaths by reference to the strategy adopted at Gosport, we find disturbing parallels. To date the public has not been able to see any connection because they know next to nothing about Gosport and have little knowledge of the malicious treatment meted out to elderly patients in care homes during the so-called Covid pandemic.



Gosport War Memorial Hospital

The UK website, *dailyexpose.co.uk*, published an excellent analysis of the latter in articles published on 13 June and 7 July. If the British public knew of these articles and digested the information they contain, they would see the Covid pandemonium – and the people behind it – in a wholly new light. (A freelance journalist, Jacqui Deevoy, also gave a harrowing account of the Covid care home killings in the UK on the *Richie Allen Show* [live radio] on 15 July 2021.)

Oddly enough, neither of the articles made reference to the Gosport killings. There is no doubt that the author (or authors) would have done so had they been aware of the extent to which their conclusions matched the pattern of events at the War Memorial hospital. If nothing else, this omission shows how successful the Gosport cover-up has been.

The lethal *Palliative Care* protocol

The care home deaths ascribed to Covid comprise the majority of all recorded Covid deaths in the UK. Thus palliative care guidelines and protocols had a major bearing on the way Covid was diagnosed and treated in the UK and, presumably, in many other countries as well (including Ireland).



The organizations listed above produced a protocol which caregivers were directed to follow (see below). There are probably few documents in medical history which have been instrumental in the deaths of so many people.

Palliative Care in the COVID-19 Pandemic

Briefing Note

Recommendations for Symptom Control of Patients with COVID-19

Issue

COVID-19 is an acute disease with a clinical presentation of pneumonia and accompanying respiratory insufficiency. Thus, typical symptoms are dyspnoea (breathlessness), cough, weakness and fever. Other symptoms such as anxiety, panic, restlessness and delirium have been reported. Patients with rapidly deteriorating respiratory failure and who do not receive intensive care, develop acute respiratory distress syndrome (ARDS) with severe breathlessness, anxiety and panic, requiring rapid intervention for symptom control.

Note the symptoms. Pneumonia, breathing difficulties, possibly a cough or anxiety. These were the symptoms by which Covid was diagnosed in a clinical setting during the so-called 'first wave'. Based on this irrational diagnosis critical decisions were taken which would determine whether or not the patient would live or die. Since most of these patients had been hurriedly rushed to a new location and were fearful of contracting a deadly new disease, a huge proportion would have exhibited signs of anxiety and breathing difficulties brought on by stress. These patients were all placed on the 'Palliative Care' protocol and effectively sentenced to death.

Given that pneumonia has long been a major cause of death in persons over age 80, caregivers in a palliative care setting were now being asked to treat pneumonia as though it was a new disease called Covid. This was dangerously inappropriate. It constituted a radical departure from proven methods of treatment and the application of a protocol which was certain to accelerate the death of the patient. And that is what happened in many thousands of cases.

Here is how it worked.

The euthanization process

The UK government issued an order requiring NHS hospitals to immediately discharge a large proportion of the patients in their care – see extract below:

1. Summary

- 1.1 This document sets out the Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England, who must adhere to this from Thursday 19th March 2020. It also sets out requirements around discharge for health and social care commissioners (including Clinical Commissioning Groups and local authorities).
- 1.2 Unless required to be in hospital (see Annex B), patients must not remain in an NHS bed.
- 1.3 Based on these criteria, acute and community hospitals must discharge all patients as soon as they are clinically safe to do so. Transfer from the ward should happen within one hour of that decision being made to a designated discharge area. Discharge from hospital should happen as soon after that as possible, normally within 2 hours.

Above: Extract from Covid-19 Hospital Discharge Service Requirements, issued 19 March 2020. The category of hospital patients who were not discharged in this way consisted mainly of those who required intravenous fluids, oxygen or medication, or who had just undergone an operation or invasive procedure. A large proportion of the patients who were discharged at this time were sent to care homes. Virtually none of them required palliative care.

Persons discharged at this time were certainly not in any danger of dying but many needed continued bed rest and medical oversight. A large proportion were urgently relocated to care homes which were ill-prepared for this massive influx of new residents.

In addition, many of their staff were anxious to avoid contracting this deadly new disease. On arrival patients were evaluated (as they were at Gosport) and assigned to an area where the risk of contagion was lowest. As a result many of these new patients were assessed as Covid risks and put on the Covid protocol based on the symptoms described above. They were now, by default, under a palliative care regime and given the treatment normally reserved for patients who were expected to die (as at Gosport).

The Gosport method was then applied. A syringe driver was strapped to their back. This administered a steady dose of a powerful sedative known as Midazolam (The poison of choice at Gosport was diamorphine, often combined with Midazolam). Under the protocol there was no requirement to seek permission from the patient or relatives before doing this, or even to inform the next of kin that their loved one was now under heavy sedation.

Many whistleblowers have revealed what happened next. Over-worked staff were attending as best they could to incoming patients and performing many additional chores under stressful conditions. Sedated patients were ignored for days on end. The ones who didn't die of slow suffocation died of dehydration (as at Gosport) [Would Hancock and his pals call that a "good death"?]. Many, too, appear to have died from the maladministration of Midazolam, which we will discuss below. Use of the palliative care protocol was, in itself, a signal to staff that the patient was not expected to survive and should be allowed to die 'in peace'. The term 'Do not resuscitate' [DNR] was often used in these cases, or the deliberately misleading phrase, 'Please make comfortable' (as at Gosport).

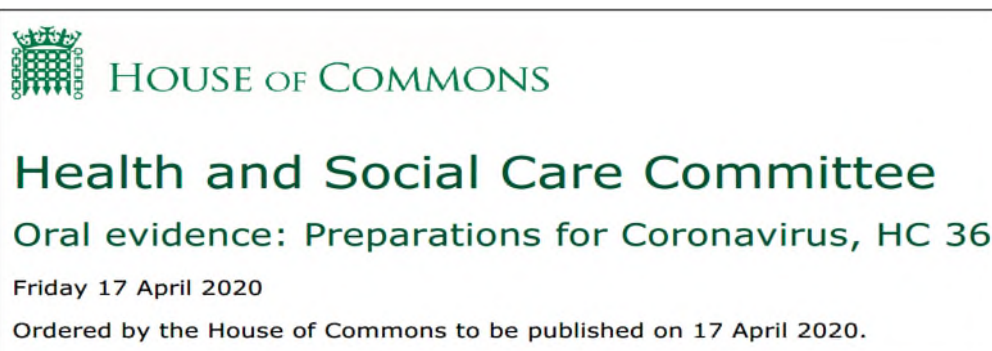


Securing supplies of Midazolam and syringe drivers

With so many additional patients across the UK being fitted with syringe drivers and given Midazolam, one might ask whether the supply of either of these regulated commodities ever ran low? This never happened because – just as the so-called pandemic began – the government ordered extra supplies of the sedative and took immediate steps to ensure that the supply chain for syringe drivers was secure. It clearly expected certain institutions in the healthcare system to make heavy use of both, despite the fact that a significant proportion of the surgical procedures that would otherwise have been carried out at UK hospitals in 2020 were either cancelled or deferred!

According to *The Pharmaceutical Journal* (20 May 2020), Accord Healthcare, one of the five manufacturers of Midazolam, sold “two year’s worth of stock” to UK wholesalers in March 2020 at the request of the NHS. This stock was diverted from France to avoid “potential shortages” in the UK.

The availability of syringe drivers in sufficient quantities to meet demand was also addressed, as the following exchange shows. It took place at a meeting of the House of Commons Health & Social Care Committee on 17 April 2020, which had convened to discuss the preparations that had been made to tackle the so-called Coronavirus pandemic:



Q377 Dr Evans: A good death needs three things: equipment, medication and the staff to administer it. On equipment, do you have enough syringe drivers in the NHS to deliver medications to keep people comfortable when they are passing away?

Matt Hancock: Yes, we have. A challenge was raised on that about eight days ago—it was not as big a challenge as was made public, and we have resolved it. Yes; right now we have enough.

Q378 Dr Evans: The syringe drivers are used to deliver medications such as midazolam and morphine. Do you have any precautions in place to ensure that we have enough of those medications?

Matt Hancock: Yes. We have a big project to make sure that the global supply chains for those sorts of medications, as well as the ITU medications that I spoke about earlier, are clear. In fact, those medicines are made in a relatively small number of factories around the world, so it is a delicate supply chain and we are in contact with the whole supply chain.

It is gratifying to know that the Committee identified the three things needed for a “good death” – syringe drivers, Midazolam, and medical staff who were prepared to use them. This ought to shock anyone with an ounce of humanity. Clearly the UK authorities had made careful provision in advance for the efficient termination of thousands of patients whom they knew would be wrongfully subjected to palliative, end-of-life ‘treatment’. Furthermore, they were aware that every one of these deaths would be ascribed to Covid.

Government treachery and deliberate mass killing

There is ample evidence in this horrific sequence of events to show that the UK government deliberately authorized the use of a catch-all symptomology to fit a fictitious new disease and then ordered hospitals across the country to relocate vulnerable patients en masse to care homes where staff, on instructions from the Minister for Health, would readily implement a palliative care protocol.

In former times, an impartial jury, having considered the evidence, would have delivered a verdict of unlawful killing in the vast majority of these cases. This was Gosport on a national scale, a deliberate program of systematic medical execution enabled and overseen by a treacherous government. The politicians and highly placed medical professionals who carried out this horrendous crime were members of the same cabal which covered up the murders at Gosport and blocked every attempt by concerned relatives – over a period of 20 years – to expose what had happened to their loved ones.



An early eugenics poster, illustrating the ‘need’ to kill the unfit.

It is difficult for the average Briton to imagine that their government could do such a thing. They forget that their ruling elite have long promoted the vile ‘science’ of eugenics, with its penchant for mass murder, as a morally legitimate way of reorganizing society and imposing a system of *enlightened* government on the hapless masses. As they profess to see it, great pain and hardship is needed in the short term in order to avoid even greater pain and hardship further down the road.

They can hardly disclose their true intentions to the general public, but a close study of what they are actually doing will confirm that this is what they hope to achieve. Besides, their treatment of millions of innocent people in other countries in recent years – Iraq, Syria and Libya being obvious examples – is evidence that the murder and mutilation of the masses is of no consequence to the ruling elite in the UK.

Virtually all members of both houses of Parliament are Luciferian. The real shock, perhaps, for the average Briton is the realization, on foot of Covid, that their callous disregard for human life is not confined to the populations of non-European countries. Their Covid campaign proves that their sights are now trained on domestic targets and that, unless the public comes to its senses, the nation as a whole will be in peril.

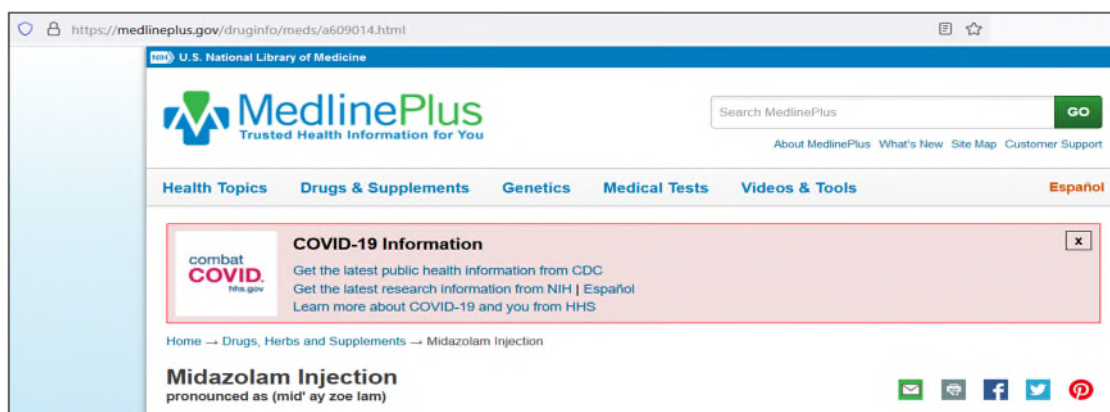
The *Gosport Report* (2018) explains the real meaning of ‘Please make comfortable’

“There is a pattern across the cases reviewed by the Panel. On admission or close to admission, there is an assumption, not shared with the family, that the patient is close to death regardless of the purpose of their admission or the clinical management plan in place. So when the clinical staff said to families that they were making their loved ones “*comfortable*”, that expression was a euphemism for embarking on a pattern of prescribing which would lead to death in almost every case.” [3.77]

The choice of Midazolam

The willingness of the medical profession to use Midazolam as a treatment for a respiratory ailment is astonishing. This becomes immediately apparent when we examine what it was actually designed to do.

The US website, *MedlinePlus*, is generally accepted as an accurate source of information on medications. It describes itself as follows: “MedlinePlus is a service of the National Library of Medicine (NLM), the world's largest medical library, which is part of the National Institutes of Health (NIH).”



If you go into this website and check on Midazolam you will find, right at the beginning, an ‘**Important Warning**’ –

IMPORTANT WARNING:

Midazolam injection may cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death. You should only receive this medication in a hospital or doctor's office that has the equipment that is needed to monitor your heart and lungs and to provide life-saving medical treatment quickly if your breathing slows or stops. Your doctor or nurse will watch you closely after you receive this medication to make sure that you are breathing properly. Tell your doctor if you have a severe infection or if you have or have ever had any lung, airway, or breathing problems or heart disease. Tell your doctor and pharmacist if you are taking any of the following medications: antidepressants; barbiturates such as secobarbital (Seconal); droperidol (Inapsine); medications for anxiety, mental illness, or seizures; opiate medications for cough such as codeine (in Triacin-C, in Tuzistra XR) or hydrocodone (in Anexsia, in Norco, in Zylfrel) or for pain such as codeine, fentanyl (Actiq, Duragesic, Subsys, others), hydromorphone (Dilaudid, Exalgo), meperidine (Demerol), methadone (Dolophine, Methadose), morphine (Astramorph, Duramorph PF, Kadian), oxycodone (in Oxycet, in Percocet, in Roxicet, others), and tramadol (Conzip, Ultram, in Ultracet); sedatives; sleeping pills; or tranquilizers.

This is yet another electrifying piece of information that should greatly upset the average person. The UK government authorized for the routine treatment of suspected Covid cases a drug which is known to cause respiratory distress! The warning is very plain:

Midazolam injection may cause serious or life-threatening breathing problems such as shallow, slowed, or temporarily stopped breathing that may lead to permanent brain injury or death. You should only receive this medication in a hospital or doctor's office that has the equipment that is needed to monitor your heart and lungs and to provide life-saving medical treatment quickly if your breathing slows or stops.

Patients in care homes who were fitted with syringe drivers and given Midazolam were certain to exhibit symptoms similar to Covid. Since there were no controls or resources in place to ensure that these unfortunate individuals would not sink further into respiratory distress – and simply stop breathing – they were clearly being euthanized. There is no other way to put it.

What is more in all such cases the recorded cause of death was ‘Covid’. This was how the government achieved the ‘first wave’ death toll that was then used to terrify the British population into taking the sinister concoction known as the ‘Covid vaccine’.

What is Midazolam actually intended for?

What category of patient is Midazolam actually intended for? *MedlinePlus* gives us the answer:

Why is this medication prescribed?

Midazolam injection is used before medical procedures and surgery to cause drowsiness, relieve anxiety, and prevent any memory of the event. It is also sometimes given as part of the anesthesia during surgery to produce a loss of consciousness. Midazolam injection is also used to cause a state of decreased consciousness in seriously ill people in intensive care units (ICU) who are breathing with the help of a machine. Midazolam injection is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow relaxation and decreased consciousness.

It is obviously a very powerful drug with a narrowly defined field of use. Clinical guidelines have long required that drugs of this potency should never be used until gentler alternatives have first been tried. As we stated in our earlier paper, the UK healthcare guidelines emphasize that it is essential to use the analgesic or sedative which is appropriate to the severity of the pain. It advocates the WHO '**analgesic ladder**' which employs a 3-step approach: (1) use non-opioids first, e.g. ibuprofen; (2) use weak opioids (such as codeine) if step 1 is not working; (3) introduce strong opioids next, but do so slowly, monitoring their effect. A syringe driver should be used only where the patient has difficulty swallowing oral medication.

Midazolam was designed as a powerful anaesthetic which would normally be used only under the direction of a qualified anaesthetist.

There are other known drawbacks with Midazolam which strictly limit the circumstances under which it can be administered. For example, the 'safe' dosage for any individual patient can vary greatly. There is also a serious risk of an adverse reaction with other drugs in the patient's system. Since virtually all of the patients who were abruptly discharged from hospitals in the UK at that time were undergoing treatment of some kind and would probably have been receiving a variety of different drugs, the scope for an adverse reaction – without first conducting a close scrutiny of the patient's recent medical history – was very high indeed.

The treatment meted out to these unfortunate people was not just reckless or insane, or even criminally insane, but intentionally homicidal. The government executed these people just as surely as any tyrannical regime of the past hundred years. As the minutes of the House of Commons committee meeting noted, the government made sure that everything needed for a "good death" would be made available.

	
Boris Johnson MP	Matt Hancock MP
<p>When will these men be brought to justice? The Freemasons who control Britain will make sure this never happens. But they won't escape Judgment Day.</p>	

Much the same approach was taken in other countries. The victim was isolated, medicated and terminated. Family members were kept away and no post mortems were allowed. In most cases the victim's corpse was incinerated.

National emergencies are being used to impose Communism

The mass murder of elderly Britons is part of a perverse plan to deprive the British people of their civil rights and impose an autocratic ruling regime. Emergencies generate fear and induce the population to accept far-reaching legal restrictions on a 'temporary' basis. Instead of waiting for emergencies to arise in the normal course, the Elite are creating them. Today's worldwide medical emergency is being used to crush resistance to the coming 'New World Order'.

The Covid 'pandemic' is a sophisticated psychological operation which exploits a number of human weaknesses in a strategic way. These include fear of the unknown, fear of disease, fear of indefinable threats, fear of death, fear of suffering, an unwarranted trust in science, an unwarranted trust in government, a nauseating addiction to a range of media, a socially controlled inability to think critically or question authority, and a craving for normality.



The same process is under way in other countries. Spain recently discussed at parliamentary level the merits of a law which would enable the state, during a so-called national emergency, to seize all private property and require all of its citizens to be reassigned to whatever work the government decreed. Such a law would impose an instant dictatorship on the Spanish people and inaugurate a dystopian nightmare. With one grievous blow the entire edifice of their democracy would be demolished.

What many people do not realize is that similar powers already exist in the United States, under a series of Executive Orders signed by several Presidents. The legal mechanisms required to turn the US into a dictatorship are firmly in place. It only requires a suitable trigger, a "national emergency" to set the mechanism in motion.

This is a co-ordinated worldwide program designed to bring in the 'New World Order'. This term first came to public attention when it was used in an address before a joint session of the US Congress by President George Bush Sn on 11 September 1990. Ever since then the Ruling Elite (WEF, UN, WHO etc) have been using it with greater frequency. Insiders who are lower down the pecking order would now seem to have approval to use it. A television reporter in Australia actually announced its arrival in a recent broadcast:

New South Wales, 9-10 July 2021:



"Today is the first full day of the New World Order."

– Steve Hart on air from the New South Wales TV Station, 10 News First

This troubling announcement was made on the day New South Wales was hit with a new set of stinging Covid restrictions, including the following: outdoor gatherings restricted to two people; no movement beyond a 10km radius; no browsing in shops; only one person in the home can visit a shop and must purchase essential items only; and no more than 10 people may attend a funeral.

The international Masonic network, which is controlled from London, would appear to be targeting the countries most firmly under UK control, namely Australia, Canada, New Zealand, and Ireland. The speed with which basic human rights are being eroded or abolished in these countries is quite remarkable. Free speech, religious gatherings, the right to work and travel, the right to congregate in a social setting, and much else besides – all are being curtailed by draconian legislation, punitive fines, threats of imprisonment, and police brutality.

For all that, a large part of the population of these countries has not yet realized that their nation is under attack, that the attack is being co-ordinated by an international cabal, and that their own governments (and most of their parliamentarians) are treasonous liars.

Why whisper it?



Universal mandatory vaccinations

The Covid vaccine agenda is being enforced with great rigor in these countries, to the point where universal mandatory vaccination is being “considered” or, in the case of New Zealand, openly pursued. Chris Hipkins, New Zealand’s Minister for Covid-19 Response, stated the following on 6 July:

I think early next year we’ll be in the phase of chasing up people who haven’t come forward to get their vaccination, or have missed their bookings, and so on.

So, everyone will be able to get a vaccine between now and the end of the year. But of course, you know – and I want every New Zealander to come forward – but human behavior suggests that there will be some people that we have to actually really go out and look for, and some of that may spill into next year.

But our commitment is everyone will have the opportunity to get the vaccine by the end of the year. Everyone will.

I can't say that we're not going to have some hesitant people or some people who just haven't come forward that we don't have to go out and find next year.



Chris Hipkins, New Zealand's Minister for Covid-19 Response

We would advise our readers to weigh this statement carefully since it encapsulates what the New World Order cabal are planning to impose on all countries in the coming months.

Mr Hipkins was plainly threatening the citizens of New Zealand. Unfortunately many of them have been programmed to believe that this is all for the greater good of humanity and that their government “cares” for them. They have not yet realized that their Prime Minister, Jacinda Ardern – one of several transgenders in this Luciferian cabal – is overseeing the implementation of the steps prescribed by her superiors in London.

French President, Emmanuel Macron, delivered a similar ‘threat’ to the people of France on 12 July:

“For the millions of you who have not yet been vaccinated, depending on the evolution of the situation we will have to raise the question of compulsory vaccination for all French people. But for now I chose trust, and I solemnly call on all our fellow citizens who haven't yet been vaccinated to do so today. Nine million doses are ready for you.”

– Announcement by President Macron of France, 12 July 2021.



**French President, Emmanuel Macron and his wife, Brigitte
(who is 25 years older than her husband).
One of them was male at birth and the other was female.**

Ireland took a giant leap in the same direction when, on 14 July, its parliament passed the Health (Amendment) (No.2) Bill 2021 which provided for the introduction nationally of “a robust and enforceable system of verification of the health status of certain persons, including vaccination”. This will enable the state to enforce a two-tier system of social control, where access to many public venues, commercial outlets and other facilities will be confined to persons who can produce proof that they have been vaccinated with the Covid cocktail.

The Bill also provides for the statutory operation of quarantine facilities, ostensibly for persons travelling into the country but which, no doubt, will mature quickly into a national network of quarantine centers for anyone who is deemed a biohazard, namely, all who are as yet unvaccinated (the so-called ‘vaccine hesitant’!).

As we stated in several of our recent papers, the Illuminati intend to imprison (“quarantine”) anyone who refuses to go along with their agenda. These people will be “re-educated” Soviet-style and those who continue to hold out will be liquidated – the official cause of death, of course, will be *Covid*.

Are people stupid enough to let this happen? Only time will tell. Given what we have seen in the past 15 months, the outlook is grim. Only a tiny percentage of the population seem to have a glimmer of understanding, and many of these are treated as nut-jobs by their friends and family.



Jacinda Ardern, transgender NZ premier:
"We will continue to be your single source of truth."
– 19 March 2020.

The Marxist-Masonic jackboot

Last week, an Irish grandmother was given a 3-month prison sentence. Her crime? Refusing on several occasions, despite several warnings, to wear a face mask while shopping at her local supermarket. Handing down his sentence the judge said:

Inexplicably and inexcusably, Margaret Buttimer has shown profound disrespect for all those who have lost their business, employment, travel, and educational opportunities, lost lives and loved ones, suffered health impairment, and put lives on hold, and tolerated restraints which are much greater than just having to wear a mask when shopping.

Locally, Margaret Buttimer has disregarded the rights to health and safety of those who work in frontline retail, from the store manager to the checkout girl.

It is painful to read these words. They reveal the vindictive and oppressive character of the Irish judicial system and the willingness of both senior public servants and law enforcement officers to cozy up to the Marxist regime that now controls our country.



Irish grandmother, Margaret Buttimer.

The Irish should take stock of what the state did to this woman. Mrs Buttimer is aged 66 and a respected member of her community. Her brutal and demeaning treatment was intended no doubt as a 'message' to anyone who would dare to challenge the government's draconian rules and regulations. They too will be blamed, as Mrs Buttimer was, for the dreadful damage inflicted on our country since March 2020 by the Christ-hating Masonic cabal based in Dublin.

CONCLUSION

In a time of tyranny, silence is consent. For reasons that are hard to explain, even Christians – who claim to live as God commands – are unwilling to examine current events through His Holy Word. There is an obstinacy at work here which is deeply troubling. They will gladly put on a mask at the behest of those who hate the LORD, and even allow themselves to be injected with a potentially dangerous substance of unknown origin, and yet they make no effort to test their behavior against the immutable standard of God's Word.

When king Jehoshaphat foolishly went to the aid of king Ahab, sending his troops to fight and die for a cause which had no purpose but to satisfy the ambition of a wicked ruler, God rebuked him:

“And Jehoshaphat the king of Judah returned to his house in peace to Jerusalem. And Jehu the son of Hanani the seer went out to meet him, and said to king Jehoshaphat, Shouldest thou help the ungodly, and love them that hate the LORD? therefore is wrath upon thee from before the LORD.” (2 Chronicles 19:1-2)

Today we must ask the institutional church the same question: **Shouldest thou help the ungodly, and love them that hate the LORD?** It might help if we ‘updated’ the context and put our question in this form: Should Christians take orders from Freemasons and Marxists (who hate the LORD) and help them bring in a New World Order by shutting our churches, reducing substantially the worship of God, denying believers the opportunity to partake of communion, suppressing evangelism, confining our people to their homes, making them wear masks, preventing their children from attending school, and closing many of our places of work?

When pastors and priests and local elders help the ungodly in this way – men who hate the LORD! – they have taken a dark path indeed. What will they say to Our Lord on Judgment Day? And how will he reply?

We know the answer to this from His Holy Word:

**“If thou faint in the day of adversity,
thy strength is small.”
(Proverbs 24:10)**

**“How long will ye judge unjustly, and accept
the persons of the wicked? Selah.”
(Psalm 82:2)**

**“The wicked walk on every side,
when the vilest men are exalted.”
(Psalm 12:8)**

**“Ye that love the LORD, hate evil:”
(Psalm 97:10)**

They will surely plead the great excuse used by all who lack the courage or the integrity to take a stand for truth: “But you told us to render unto Caesar’s the things that are Caesar’s!”

Perhaps Jesus will add the words which they cravenly chose to omit:

“...and unto God the things that are God's.” (Matthew 22:21)

Our Lord made it abundantly clear that the criteria he will use to judge each one of us in the last day are set out plainly in his own recorded words:

**“He that rejecteth me, and receiveth not my words, hath
one that judgeth him: the word that I have spoken, the
same shall judge him in the last day.” (John 12:48)**

We are to give to God, Our Father, **“the things that are God’s”**.

Does the worship due to God belong to Caesar? Does the fellowship of believers belong to Caesar? Do our hymns of praise belong to Caesar? Do our communal prayers belong to Caesar? Do the bread and wine of communion belong to Caesar? Does the Gospel, and the preaching of the Gospel, belong to Caesar? Does our right to visit the sick, the elderly and the dying belong to Caesar? Do our churches belong to Caesar? Do our bodies belong to Caesar? Do our children belong to Caesar?

Have no doubt, each and every one of these silent pastors will be judged. Each and every professing Christian who took at face value the words spoken by their Marxist and Masonic government and failed to test them carefully against God's Holy Word will be held to account. Each and every believer who said, "I didn't understand," and yet failed to ask for understanding as per James 1:5, will have his conduct measured against the perfect standard of God's Word.

We call on pastors, preachers and elders everywhere to wake up and take stock of the awful situation they have allowed to develop. No doubt many of them believe that, with the passage of time, their silence will be forgotten, but they are sorely mistaken:

**"It is a fearful thing to fall into the hands of the living God."
- Hebrews 10:31**

**Jeremy James
Ireland
July 18, 2021**

- SPECIAL REQUEST -

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2020 may also be downloaded in one or more files from www.archive.org (Use the search term 'Jeremy James New World Order').

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- **jeremypauljames@gmail.com**.

For further information visit www.zephaniah.eu

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